			lat Book 48, Pages 21, 22, 23 and		
		Situ	erty identification number: lated in the Township of Copley, ( I known as being Lot 125 in West		
		Othe	r information you wish to add about this it	(see instructions) em, such as local	
County			,	Check if this is con	nmunity property
Summit			Debtor 2 only		
			has an interest in the property? Check one Debtor 1 only		
		Who			ancy by the entireties, o
City	State ZIP	Code $\square$	Investment property Timeshare	\$127,420.00	\$127,420.00 your ownership interest
Akron	OH 44321 State ZIP	-0000		entire property?	portion you own?
			Manufactured or mobile home	Current value of the	Current value of the
			Condominium or cooperative	Creditors with mave Clair	nis Secured by Property.
	ss, if available, or other description	⊔	Single-family home  Duplex or multi-unit building	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:
1.1 <b>1609 M</b> o	preview Dr	_	t is the property? Check all that apply	Do not doduct	oimo or overnations. De t
Yes. When	e is the property?				
☐ No. Go to F	Part 2.				
Do you own o	or have any legal or equitable in	terest in any resid	lence, building, land, or similar property?		
Part 1: Descri	be Each Residence, Building, L	and, or Other Real	Estate You Own or Have an Interest In		
	ore space is needed, attach a s		his form. On the top of any additional page		
each category	, separately list and describe it	ems. List an asset	only once. If an asset fits in more than or married people are filing together, both ar		
Schedu	ıle A/B: Prope	rty			12/15
<u>Official</u> F	orm 106A/B				
	13-30023				amended filing
Case number	19-50025	ORTHERIN DIOT	NOT OF OTHE		☐ Check if this is a
		ORTHERN DIST			
Debtor 2 Spouse, if filing)	Lisa J. Huet	Middle Name	Last Name		
	William J. Huet First Name	Middle Name	Last Name		
Debtor 1					

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debto Debto		Villiam J. Huet .isa J. Huet		Case number (if known)	19-50025
3. <b>Ca</b>	rs, vans	, trucks, tractors, sport utility ve	ehicles, motorcycles		
	No				
■ \	Yes				
		0110		Do not deduct sec	ured claims or exemptions. Put
3.1	Make:	GMC	Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model:	Acadia	Debtor 1 only	Creditors Who Ha	ve Claims Secured by Property.
	Year:	2009	Debtor 2 only	Current value of	
		mate mileage: 140000 formation:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	Other	ioimation.	At least one of the deptors and another		
			☐ Check if this is community property (see instructions)	\$6,000	\$6,000.00
		Dodgo		Do not deduct sec	ured claims or exemptions. Put
3.2	Make:	Dodge	Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model:	Ram	■ Debtor 1 only	Creditors who Ha	ve Claims Secured by Property.
	Year:	2004 mate mileage: 150,000	Debtor 2 only	Current value of entire property?	the Current value of the portion you own?
		formation:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property:	portion you own:
		by parties' son	At least one of the deptors and another		
		, p	☐ Check if this is community property (see instructions)	\$3,183	3.00 \$3,183.00
				Do not deduct sec	ured claims or exemptions. Put
3.3	Make:	Chevy	Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model:	Trailblazer	Debtor 1 only	Creditors Who Ha	ve Claims Secured by Property.
	Year:	2006	Debtor 2 only	Current value of	
		mate mileage: 152,000 formation:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	Other	ioimation.	At least one of the deptors and another		
			☐ Check if this is community property (see instructions)	\$2,798	\$2,798.00
	mples: É		nd other recreational vehicles, other vehicles atercraft, fishing vessels, snowmobiles, motorcy		
			vn for all of your entries from Part 2, includin that number here		\$11,981.00
Part 3	Descr	ibe Your Personal and Household I	tems		
Do yo	ou own	or have any legal or equitable ir	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Ex	amples: No	goods and furnishings Major appliances, furniture, linens escribe	s, china, kitchenware		
		Miscellaneous	household goods		\$1,000.00

Official Form 106A/B Schedule A/B: Property

page 2

		William J. Hı Lisa J. Huet				Case number <i>(if known)</i>	19-50025
7.	_	: Televisions a		leo, stereo, and digital en nedia players, games	equipment; computers, prin	ters, scanners; music o	collections; electronic devices
	■ No □ Yes. D	escribe					
8.	Examples		figurines; paintings, ons, memorabilia, co		ς; books, pictures, or other a	art objects; stamp, coin	, or baseball card collections;
	■ No □ Yes. D	escribe					
9.	Examples	t for sports ar : Sports, photo musical instru	graphic, exercise, ar	nd other hobby equipm	ent; bicycles, pool tables, g	olf clubs, skis; canoes	and kayaks; carpentry tools;
	■ No □ Yes. D	escribe					
10.	Firearms Example No		s, shotguns, ammuni	ition, and related equip	ment		
	☐ Yes. D	escribe					
11.	Clothes Example  No	s: Everyday clo	othes, furs, leather c	oats, designer wear, sh	noes, accessories		
	■ Yes. D	escribe					
			Miscellaneous	wearing apparel			\$250.00
12.	■ No		welry, costume jewe	lry, engagement rings,	wedding rings, heirloom jev	welry, watches, gems, ç	gold, silver
12	☐ Yes. D						
10.	Example ■ No	s: Dogs, cats, l	birds, horses				
	☐ Yes. D						
	■ No			you did not already li	ist, including any health a	ids you did not list	
	☐ Yes. G	ive specific info	ormation				
15				s from Part 3, includi	ng any entries for pages y 	ou have attached	\$1,250.00
		ribe Your Finan					
Do	o you own	or have any lo	egal or equitable in	terest in any of the fo	llowing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No		·	n your home, in a safe	deposit box, and on hand w	vhen you file your petiti	on
						Cash	\$25.00

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1 Debtor 2	William J. Huet Lisa J. Huet		Case number (if known)	19-50025
	its of money ples: Checking, savings, or other financial account institutions. If you have multiple accounts w		edit unions, brokerage h	nouses, and other similar
□ No	mondations. If you have maniple accounts w	nur ure same moutation, not each.		
Yes.		Institution name:		
		01		****
	17.1.	Cash		\$900.00
	s, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with broke	erage firms. money market accounts		
■ No		<b>-</b>		
	Institution or issuer na	ame:		
	ublicly traded stock and interests in incorpora	ated and unincorporated businesse	s, including an interes	t in an LLC, partnership, and
■ No				
☐ Yes.	Give specific information about them			
	Name of entity:		% of ownership:	
Negot	nment and corporate bonds and other negotic iable instruments include personal checks, cashi pegotiable instruments are those you cannot trans	ers' checks, promissory notes, and mo	oney orders.	
☐ Yes.	Give specific information about them			
	Issuer name:			
Exam <sub>l</sub> □ No	ment or pension accounts ples: Interests in IRA, ERISA, Keogh, 401(k), 403	B(b), thrift savings accounts, or other p	ension or profit-sharing	plans
■ Yes.	List each account separately.  Type of account:	Institution name:		
	401k	FedEx 401k - Vanguard		\$190,000.00
		Pension through fedex		\$172,886.87
Your s	ity deposits and prepayments share of all unused deposits you have made so the ples: Agreements with landlords, prepaid rent, pu			nies, or others
_		Institution name or individual:		
23. <b>Annuit</b> <b>II</b> No	ties (A contract for a periodic payment of money	to you, either for life or for a number o	f years)	
☐ Yes.	Issuer name and description.			
	ts in an education IRA, in an account in a qua C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ulified ABLE program, or under a qu	alified state tuition pro	ogram.
■ No □ Yes.	Institution name and description.	Separately file the records of any inter	rests.11 U.S.C. § 521(c):	
25. <b>Trusts</b> ■ No	, equitable or future interests in property (oth	er than anything listed in line 1), and	d rights or powers exe	ercisable for your benefit
☐ Yes.	Give specific information about them			
	es, copyrights, trademarks, trade secrets, and ples: Internet domain names, websites, proceeds		nts	
	Give specific information about them			

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1 Debtor 2	William J. Huet Lisa J. Huet			Case number (if known)	19-50025
	es, franchises, and other ge		ssociation holdings liquor l	icenses professional licens	es
■ No	orde. Building permite, exclusiv	e noonoes, sooperative at	ooodation noidings, iiquoi i	loonides, professional floorie	
☐ Yes.	Give specific information about	ut them			
Money or	property owed to you?				Current value of the
					portion you own? Do not deduct secured claims or exemptions.
28. <b>Tax re</b> f	funds owed to you				
■ Yes.	Give specific information abou	ıt them, including whether	r you already filed the return	ns and the tax years	
		Tax refunds typic	cally \$4000-6000		\$5,500.00
			, ,		
■ No □ Yes.	oles: Past due or lump sum alin		nild support, maintenance,	divorce settlement, property	settlement
<i>Exam</i> µ □ No	amounts someone owes you oles: Unpaid wages, disability i benefits; unpaid loans yo Give specific information	insurance payments, disal	bility benefits, sick pay, vac	cation pay, workers' compe	nsation, Social Security
■ res.	Give specific information				
		(bankruptcy not file	to Paolucci Law for ba ed). Law firm asserts a ngly is listed as credite	dditional funds are	\$2,300.00
		owed, and accordin	ngiy is listed as credit	or as well.	
	sts in insurance policies oles: Health, disability, or life in	nsurance; health savings a	account (HSA); credit, hom	eowner's, or renter's insura	nce
■ No					
⊔ Yes.	Name the insurance company Compan	of each policy and list its ny name:		eficiary:	Surrender or refund value:
If you	terest in property that is due are the beneficiary of a living to one has died.	you from someone who rust, expect proceeds from	o has died n a life insurance policy, or	are currently entitled to rec	eive property because
	Give specific information				
	against third parties, wheth oles: Accidents, employment d			and for payment	
Yes.	Describe each claim				
		Workman's comp o	claim occurring Sept. 1	0. 2017	Unknown
			g 00p	, 2011	
34. <b>Other</b> •	contingent and unliquidated	claims of every nature,	including counterclaims	of the debtor and rights to	o set off claims
☐ Yes.	Describe each claim				
35. <b>Any fir</b> ■ No	nancial assets you did not al	ready list			
Official For	m 106A/B	Schedu	ule A/B: Property		page 5

19-50025-amk Doc 11 FILED 01/22/19 ENTERED 01/22/19 19:03:23 Page 5 of 21

Best Case Bankruptcy

Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Deb	tor 1	William J. Huet			
Deb		Lisa J. Huet		Case number (if known)	19-50025
	Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, includi art 4. Write that number here		-	\$371,611.87
Part	5: Des	scribe Any Business-Related Property You Own or Have an Inte	erest In. List any real esta	ite in Part 1.	
37. <b>D</b>	o you c	own or have any legal or equitable interest in any business-rela	ted property?		
	No. Go	to Part 6.			
	Yes. G	So to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	st In.	
46. <b>[</b>	o you	own or have any legal or equitable interest in any farm	- or commercial fishin	g-related property?	
	No.	Go to Part 7.			
	☐ Yes.	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
	Examp	have other property of any kind you did not already list bles: Season tickets, country club membership	1?		
	No				
	Yes.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write the	nat number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$127,420.00
56.	Part 2	2: Total vehicles, line 5	\$11,981.00		
57.	Part 3	3: Total personal and household items, line 15	\$1,250.00		
58.	Part 4	l: Total financial assets, line 36	\$371,611.87		
59.	Part 5	5: Total business-related property, line 45	\$0.00		
60.	Part 6	S: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	<b>\$0.00</b>		
62.	Total	personal property. Add lines 56 through 61	\$384,842.87	Copy personal property to	stal \$384,842.87
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$512,262.87

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	rmation to identify your	case:			
Debtor 1	William J. Huet				
	First Name	Middle Name	Last Name		
Debtor 2	Lisa J. Huet				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case number	19-50025				
(if known)				[	☐ Chec
					amer

☐ Check if this is an amended filing

Specific laws that allow exemption

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1	Which set of exemptions are	vou claiming? Check one of	nly even if your shouse	is filing with you
١.	Willer Set of exemptions are	vou ciaiiiiiu : Check one oi	IIV. EVEII II VOUI SDOUSE	15 IIIIII WILII VOU.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Current value of the Amount of the examption you claim

Schedule A/B that lists this property	portion you own	7411	opecine laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
1609 Moreview Dr Akron, OH 44321 Summit County Situated in the Township of Copley, Couty of Summit and State of Ohio: And known as being Lot 125 in Westview Estates Allotment as recorded in Plat Book 48, Pages 21, 22, 23 and 24 of Summit County Record of Line from Schedule A/B: 1.1	\$127,420.00		\$127,420.00  100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(1)
2009 GMC Acadia 140000 miles Line from <i>Schedule A/B</i> : 3.1	\$6,000.00		\$0.00  100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
2004 Dodge Ram 150,000 miles Driven by parties' son	\$3,183.00	•	\$3,183.00	Ohio Rev. Code Ann. § 2329.66(A)(2)
Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

■ No

□ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

□ No
□ Yes

Official Form 106C Schedule C: The Property You Claim as Exempt

page 2 of 3

Line from Schedule A/B: 33.1

100% of fair market value, up to any applicable statutory limit

Fill in this	information to identify you	r case:			
Debtor 1	William J. Huet				
Dalatan	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing	Lisa J. Huet  First Name	Middle Name Last Name			
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO			
Case numb	per <b>19-50025</b>			_	if this is an led filing
Official F	Form 106D				•
		Who Have Claims Secure	ed by Property	/	12/15
	ppy the Additional Page, fill it o	If two married people are filing together, both are out, number the entries, and attach it to this form.			
1. Do any cre	editors have claims secured by	your property?			
☐ No.	Check this box and submit t	nis form to the court with your other schedules.	You have nothing else to	report on this form.	
■ Yes.	. Fill in all of the information	below.			
Part 1:	List All Secured Claims				
for each clair	<ul> <li>If more than one creditor has</li> </ul>	more than one secured claim, list the creditor separat a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name.		Column B  Value of collateral that supports this claim	Column C Unsecured portion
2.1 <b>Ally</b> I	Financial	Describe the property that secures the claim:	\$7,630.16	\$6,000.00	If any <b>\$1,630.16</b>
Creditor	r's Name	2009 GMC Acadia 140000 miles			
Minn	Box 380901 leapolis, MN	As of the date you file, the claim is: Check all that apply.			
5543	8-0901	Contingent			
Number	r, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
	the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 Debtor 2		☐ An agreement you made (such as mortgage or car loan)	secured		
Debtor 1	and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ Check if	ne of the debtors and another this claim relates to a nity debt	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Date debt w	as incurred	Last 4 digits of account number 867	8		
	ooper	Describe the property that secures the claim:	\$98,330.00	\$127,420.00	\$0.00
Creditor	r's Name	1609 Moreview Dr Akron, OH 44321 Summit County Situated in the Township of Copley, Couty of Summit and State of Ohio: And known as being Lot 125 in Westview Estates Allotment as recorded in Plat Book 48, Pages 21,			
8950 Blvd	Cypress Waters	22, 23 and 24 of Summit As of the date you file, the claim is: Check all that			
	oell, TX 75019	apply.  Contingent			
Number	r, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes	the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 Debtor 2	-	■ An agreement you made (such as mortgage or car loan)	secured		
	and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1	William J. Huet			Case number (if known)	19-50025	
	First Name	Middle Name	Last Name			
Debtor 2	Lisa J. Huet					
	First Name	Middle Name	Last Name			
☐ Check	t one of the debtors and a if this claim relates to a unity debt		nent lien from a lawsuit (including a right to offset)			
Date debt	was incurred	La	est 4 digits of account number	2192		
Add the	dollar value of your en	tries in Column A o	n this page. Write that number h	nere: \$105,960	.16	
	the last page of your fo at number here:	orm, add the dollar	value totals from all pages.	\$105,960	.16	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in	this inform	nation to identify your c	ase:						
Debto	or 1	William J. Huet							
		First Name	Middle Name		Last Name				
Debto	or 2 e if, filing)	Lisa J. Huet First Name	Middle Name		Last Name				
Spous	e II, IIIIIIg)	Filst Name							
Unite	d States Bar	nkruptcy Court for the:	NORTHERN DI	STRICT OF	OHIO				
Case	number 1	9-50025							
(if know	_								heck if this is an
								а	mended filing
∩ffi∂	sial Earm	n 106E/F							
		/F: Creditors W	ho Havo III	nencuro	d Claime				12/15
		l accurate as possible. Use				Part 2 for cross	litore with NON	DDIODITY clair	
Schedi Schedi left. At	ule G: Executule D: Creditotach the Contach the Contach case num	racts or unexpired leases in tory Contracts and Unexpi prs Who Have Claims Secutinuation Page to this page the fifth of the fifth of the page to the fifth of	red Leases (Offici rred by Property. I e. If you have no ir	al Form 106G) f more space	. Do not include is needed, copy	any creditors the Part you n	with partially seed, fill it out, r	ecured claims number the en	that are listed in tries in the boxes on the
		rs have priority unsecured		ou?					
	No. Go to Pa	art 2.							
	Yes.								
Part 2		I of Your NONPRIORIT	Y Unsecured Cla	aims					
3. D	o any credito	rs have nonpriority unsec	ured claims again:	st you?					
	No. You hav	ve nothing to report in this pa	art. Submit this form	to the court wi	ith your other sch	iedules.			
	Yes.				•				
ur th	nsecured clain	nonpriority unsecured cla n, list the creditor separately or holds a particular claim, lis	for each claim. For	each claim list	ted, identify what	type of claim it	is. Do not list cla	ims already inc	luded in Part 1. If more
									Total claim
4.1	Barclay	Card Services	Las	st 4 digits of a	ccount number	6362			\$5,333.95
		Creditor's Name	\A/b	en was the de	aht ingurrad?				
	PO Box Philadel	1333 <i>1</i> Iphia, PA 19101-3337		en was the ut	ebt iliculteur				
		reet City State Zlp Code		of the date yo	ou file, the claim	is: Check all th	nat apply		
	Who incur	red the debt? Check one.							
	☐ Debtor	1 only		Contingent					
	Debtor	2 only		Unliquidated					
	☐ Debtor	1 and Debtor 2 only		Disputed					
	☐ At least	t one of the debtors and ano	uici		ORITY unsecure	ed claim:			
		if this claim is for a comm	iuiiity	Student loans					
	debt	m subject to offset?		Obligations ari	ising out of a sep	aration agreem	ent or divorce that	at you did not	
	No	m subject to offset:	<u></u> :		วลเกร ion or profit-shari	ng plans, and o	ther similar debte	3	
				•		01 ,	randed credi		
	☐ Yes		-	Other. Specify	Carnivai F	unPoints Di	anueu crea	ı caru	-

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 6

Debtor Debtor	1 William J. Huet 2 Lisa J. Huet		Case number (if known)	19-50025	
4.2	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	7214		Unknown
	PO Box 8803 Wilmington, DE 19899	When was the debt incurred?	4/7/2017		
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only				
	Debtor 1 and Debtor 2 only	☐ Unliquidated			
		☐ Disputed	d alaim:		
	At least one of the debtors and another	Type of NONPRIORITY unsecure  ☐ Student loans	u ciaim:		
	Check if this claim is for a community debt	☐ Obligations arising out of a sep	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-shari	an along and other similar d	ahta	
	■ No □ Yes	_	ng pians, and other similar d		
		- , ,			
4.3	Capital One Bank	Last 4 digits of account number	2643		\$7,245.62
	Nonpriority Creditor's Name PO Box 6492	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	As of the date you me, the claim	13. Officer all triat apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans	• • • • • • • • • • • • • • • • • • • •		
	debt	☐ Obligations arising out of a sep	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce	, that you did not	
	No	☐ Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	Yes	Other. Specify Credit card	l		
4.4	Capital One Bank USA NA	Last 4 digits of account number	9945		\$2,682.79
7.7	Nonpriority Creditor's Name  ATTN: General Correspondence	When was the debt incurred?	0043		Ψ2,002.79
	PO Box 30285 Salt Lake City, UT 84130-0287				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	•	,		
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a sep	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-shari		ebts	
	☐ Yes	Other Specify Credit card	I		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 6

Debto Debto	or 1 William J. Huet	Case number (if known) 19-50025	
4.5	Capital One Retail Services  Nonpriority Creditor's Name PO Box 7680 Carol Stream, IL 60116-7680  Number Street City State Zlp Code Who incurred the debt? Check one.	Last 4 digits of account number 2401  When was the debt incurred?  As of the date you file, the claim is: Check all that apply	\$2,126.14
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes	□ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Menards retail card	
4.6	Capital One Retail Services  Nonpriority Creditor's Name PO Box 7680 Carol Stream, IL 60116-7680  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Credit card - Menards branded	\$3,070.79
4.7	George Gusses Co LPA  Nonpriority Creditor's Name  33 S Huron St  Toledo, OH 43604-8705  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another	Last 4 digits of account number	\$598.47

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Student loans

report as priority claims

Page 3 of 6

 $\square$  Check if this claim is for a community

Is the claim subject to offset?

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Summa Health System medical bill, in collections

William J. Huet Lisa J. Huet	Case number (if known) 19-50025	
Home Depot	Last 4 digits of account number 3317	\$2,589.0
Nonpriority Creditor's Name PO Box 9001010 Louisville, KY 40290-1010	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
□ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Credit card	
Lowes/Synchrony Bank	Last 4 digits of account number 4597	\$1,214.6
Nonpriority Creditor's Name PO Box 530914	When was the debt incurred?	
Atlanta, GA 30353-0914  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	,	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Crediit card	
Paolucci Law	Last 4 digits of account number	\$1,277.2
Nonpriority Creditor's Name 1 Cascade Plaza Ste 1015 Akron, OH 44305	When was the debt incurred?08/24/2017	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Attorney fees/bankruptcy services; asserts by letter dated 01/03/2019 that \$1,277.25 is owed for services rendered	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 6

1 William J. Huet 2 <u>Lisa J. Huet</u>	Case number (if known) 19-50025	
Synchrony Bank/JCP	Last 4 digits of account number 2921	\$1,482
Nonpriority Creditor's Name PO Box 960090 Orlando, FL 32896-0090	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Credit card	
Synchrony Bank/ROS	Last 4 digits of account number 3540	\$845
Nonpriority Creditor's Name PO Box 530916	When was the debt incurred?	
Atlanta, GA 30353-0916	When was the destiniculed:	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No	Li Dedis to perision of pront-sharing plans, and other similar dedts	

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Atlantic Credit & Finance Inc Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 2083 ■ Part 2: Creditors with Nonpriority Unsecured Claims Warren, MI 48090 Last 4 digits of account number 2232 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Bureaus Investment Grp Portf 15** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims 650 Dundee Rd Ste 370 Northbrook, IL 60062 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Client Services Inc** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3451 Harry S Truman Blvd Part 2: Creditors with Nonpriority Unsecured Claims Saint Charles, MO 63301-4047 Last 4 digits of account number 0414 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Crown Asset Mgt LLC Line 4.9 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 6

Official Form 106 E/F

Debtor 1 William J. Huet Debtor 2 Lisa J. Huet		Case number (if known) 19-5002	5
3100 Breckenridge Blvd Ste 725 Duluth, GA 30096		Part 2: Creditors with Nonpriority Unsecu	ıred Claims
Buluti, GA 60000	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
Lyons Doughty & Velduis PC/PA	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured	Claims
471 E Broad St 12th Fl Columbus, OH 43215		■ Part 2: Creditors with Nonpriority Unsecu	ıred Claims
,	Last 4 digits of account number	4000	
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
Midland Funding	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured	Claims
PO Box 2001 Warren, MI 48090-2001		Part 2: Creditors with Nonpriority Unsecu	ıred Claims
,	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
Summa Health System	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured	Claims
1077 Gorge Blvd. Akron. OH 44310		Part 2: Creditors with Nonpriority Unsecu	ıred Claims

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				_
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	9.5		0.5	Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		
IIOIII Fait 2	og.	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 28,467.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 28,467.00

Last 4 digits of account number

						_				
Fill	in this information to identify your ca	ase:								
Del	otor 1 William J. H	uet			_					
	otor 2 Lisa J. Huet				_					
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF OHIO							
Cas	se number 19-50025					Check	if this is:			
(If kr	nown)		-			☐ An	n amended	d filing		
									ving postpetiti e following da	
0	fficial Form 106I					M	M / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
spo atta Par	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  t 1: Describe Employment	r spouse is not filing wi	ith you, do not inclu	ide infor	mati	on about	your spoi	use. If n	more space i	is needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-	-filing spous	ie .
	If you have more than one job,	Employment status	■ Employed				■ Emplo	yed		
	attach a separate page with information about additional employers.	Employment status	☐ Not employed				☐ Not en	nployed		
	стрюуега.	Occupation					Driver			
	Include part-time, seasonal, or self-employed work.	Employer's name	Lowes Home C	enters I	LLC		Federal	Expres	ss Corpora	ıtion
	Occupation may include student or homemaker, if it applies.	Employer's address	1605 Curtis Brid Wilkesboro, NC		ad		30 FedE Colliervi		y 2nd Fl Ho I 38017	oriz
		How long employed t	here?				_			
Par	t 2: Give Details About Mor	nthly Income								
<b>Esti</b> spoi	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. I	nclude your i	non-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	on for all e	empl	oyers for th	hat persor	n on the	lines below.	If you need
						For Debt	tor 1		ebtor 2 or filing spouse	)
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,7	755.85	\$	4,966.1	2
3.	Estimate and list monthly overt	ime pay.		3.	+\$		106.86	+\$	0.0	0
4.	Calculate gross Income. Add lin	ne 2 + line 3		4	\$	3.86	2 71	\$	4 966 12	

Official Form 106I Schedule I: Your Income page 1

Case number (if known) 19-50025

Copy   line 4 here					For	Debtor 1	For Debt	
5. List all payroll deductions:  5a		Copy	y line 4 here	4.	\$	3,862.71		• .
Sa.   Tax, Medicare, and Social Security deductions   Sa.   \$ 533.35   \$ 486.24	5	l ist			_			
5.   Mandatory contributions for retirement plans   5.   0.00   \$ 436.62	J.			E o	¢	500.05	¢	000.04
5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 722.54 5c. Insurance 5c. \$ 0.00 \$ 722.54 5c. Insurance 5c. \$ 0.00 \$ 214.52 5c. Insurance 5c. \$ 0.00 \$ 2.00 5c. Insurance 5c. \$ 0.00 \$ 2.00 5c. Insurance 6c. Add the payorld adductions. Add lines 5a-5b+5c+5d+5e+5f+5g+5h. 6c. \$ 133.35 5c. \$ 1.00 \$ 2.27.78 5c. Insurance 6c. Add the payorld adductions. Add lines 5a-5b+5c+5d+5e+5f+5g+5h. 6c. \$ 133.35 5c. \$ 12.511.03 5c. Insurance for a 12.55 ft. 6c. Add the payorld adductions. Add lines 6 from line 4. 6c. \$ 133.32 5c. \$ 2.455.09 5c. \$ 133.32 5c.			•		· —			
5d. Required repayments of retirement fund loans 5e. Insurance 5e. S 0.00 \$ 272.54 5e. Domestic support obligations 5f. \$ 0.00 \$ 2.00 5g. Union dues 5f. \$ 0.00 \$ 0.00 5g. Union dues 5f. \$ 0.00 \$ 0.00 5g. Union dues 5h. Other deductions. Specify: HSA 5h. \$ 0.00 \$ 0.00 5h. Other deductions. Specify: HSA Charitable contribution Health savings account For a second to the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 533.35 \$ 2.7.78 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 533.35 \$ 2.511.03 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,329.36 \$ 2,455.09 8. Not income from regularly received: 8. Not income from regularly receives 8. Not income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 500.00 \$ 0.00 8c. Social Security 8c. \$ 500.00 \$ 0.00 8c. Social Security 8c. \$ 500.00 \$ 0.00 8c. Social Security 8c. \$ 0.00 \$ 0.00 8c. Social Se					· —		· —	
5e. Insurance  5f. Domestic support obligations  5f. \$ 0.00 \$ 0.00  5g. Union dues  5f. \$ 0.00 \$ 0.00  5h. Other deductions. Specify: HSA 5f. \$ 0.00 \$ 0.00  5h. Other deductions. Specify: HSA 5f. \$ 0.00 \$ 0.00  5h. Other deductions. Specify: HSA 5f. \$ 0.00 \$ 0.00  Featht savings account \$ 0.00 \$					· —		· —	
Sg. Union dues   Sg. Union					· —		·	
5g. Union dues  5h. Other deductions. Specify: HSA  Charitable contribution  Health savings account  5 0.00 \$ 0.00 \$ 4.03  Charitable contribution  Health savings account  5 0.00 \$ 4.03  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,329,36 \$ 2,455.09  8. List all other income regularly received:  8. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. S 500,00 \$ 0.00  8d. Gamily support payments that you regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. S 0.00 \$ 0.00  8e. S 0.00 \$ 0.00  8e. S 0.00 \$ 0.00  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. S 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 500.00 \$ 0.00  10. \$ 3,829.36 † \$ 2,455.09 = \$ 6,284.45  Line and the regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried patrier, members of your household, your dependents, your roommates, and other fiftents or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried patrier, members of your household, your dependents, your roommates, and other fift					· —		T	
5h. Other deductions. Specify: HSA Charitable contribution Health savings account Feath					· —		· · — —	
Charitable contribution Health savings account Health savings account Solution Health savings account Solution Health savings account Solution Health savings account Solution Solutio		-		-	· -		·	
Health savings account  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 533.35 \$ 2,511.03  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,329.36 \$ 2,455.09  8. List all other income regularly received: 8a. Not income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00  8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8pecify:  8g. Pension or retirement income 8h. Other monthly income. Specify:  8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 500.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$ 6,284.45  Combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income.  12. \$ 6,284.45		JII.			· —			
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 533.35 \$ 2,511.03  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,329.36 \$ 2,455.09  8. List all other income regularly received:  Alta ha statement for each property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net lincome.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. \$ 500.00 \$ 0.00  8d. \$ 0.00 \$ 0.00				_	· —		· —	
T. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,329,36 \$ 2,455,09 \$  8. List all other income regularly received:  8a. Not income from rental property and from operating a business, profession, or fam.  Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. Unemployment compensation  8d. Social Security  8d. Unemployment compensation  8d. Social Security  8d. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8p. Pension or retirement income  8g. \$ 0.00 \$ 0.00  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 500.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 500.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommales, and other filends or relatives.  Do not Include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. *\$ 0.00  12. \$ 6,284.45  Combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies				_	· —		· : —	
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include callmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ 0.00  8d					· —		· —	
8a. Net income from 'ental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 500.00 \$ 0.00 8d. Unemployment compensation 8d. Unemployment compensation 8d. Unemployment assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 500.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 500.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,329.36	\$	2,455.09
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 500.00 \$ 0.00  8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00  8e. Social Security 8e. \$ 0.00 \$ 0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00  8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00  9h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 500.00 \$ 0.00  9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 0.00  13. Do you expect an increase or decrease within the year after you file this form?	8.		Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	8a.	\$	0.00	\$	0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ 0.00  8e. Social Security  8e. \$ 0.00 \$ 0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ 0.00  8g. Pension or retirement income  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 500.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions for man unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 6.284.45		8b.	•	8b.	\$_			
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$500.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income.  13. Do you expect an increase or decrease within the year after you file this form?		8c.	regularly receive Include alimony, spousal support, child support, maintenance, divorce		\$	500.00	 \$	0.00
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8g. \$0.00 \$0.00  8h. Other monthly income. Specify: 8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$500.00 \$0.00  9. Add all other income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.		8d.			· —			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. \$ 0.00 \$ 0.00  8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 500.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.				8e.	\$_			
8h. Other monthly income. Specify:  8h. \$ 0.00 + \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 500.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?			Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	· —			
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{500.00}{}\$\$ 0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?		-		_	· · —			
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?		OII.	Other monthly income. Specify.	_ 011.*	Ψ_	0.00	ΤΦ	0.00
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	500.00	\$	0.00
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 6,284.45  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	10.		•	10. \$	;	3,829.36 + \$_	2,455.0	9 = \$ 6,284.45
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 6,284.45	11.	Inclu other Do n	ide contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depend		•	ed in <i>Sched</i>	
13. Do you expect an increase or decrease within the year after you file this form?  No.	12.	Write	e that amount on the Summary of Schedules and Statistical Summary of Certain				, if it	
	13.	Do y		?				monthly income
				gency	filing	j; amendment	s to follov	v

Official Form 106I Schedule I: Your Income page 2

					1			
Fill	in this informa	ation to identify yo	our case:					
Deb	otor 1	William J. Hu	uet				k if this is:	
Deb	otor 2	Lisa J. Huet					An amended filing A supplement show	ving postpetition chapter
(Spo	ouse, if filing)	Liou o. Huot				_	13 expenses as of	01 1
Unit	ted States Bankı	ruptcy Court for the	: NORTH	IERN DISTRICT OF OHIO	)	-	MM / DD / YYYY	
Cas	se number 19	9-50025						
	nown)							
O	fficial Fo	rm 106J						
S	chedule	J: Your l	Exper	ises				12/15
Be info nur	as complete ormation. If m mber (if know	and accurate as nore space is ne n). Answer ever	possible eded, atta y questio	. If two married people ar ich another sheet to this				
_		ribe Your House	hold					
1.	Is this a joir							
	□ No. Go to							
		es Debtor 2 live i	in a separ	ate household?				
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate Housel	<i>hold</i> of Debt	or 2.	
2.	Do you hay	e dependents?	□ No					
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	<b>5</b>							□ No
	Do not state dependents				Child		12	■ Yes
	dopondonto	names.			- Cima			□ No
					Child		15	■ Yes
								□ No
					Child		18	■ Yes
								□ No
					Mother		71	■ Yes
3.	expenses o yourself an	penses include if people other to d your depende	han nts? □	No Yes				
Est exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance and		government assistance i cluded it on <i>Schedule I:</i> )			Your expe	enses
4.		or home owners		ses for your residence. I or lot.	nclude first mortgage	4. \$		782.00
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	-	erty, homeowner's				4b. \$		0.00
			•	upkeep expenses		4c. \$		100.00
5.		eowner's associat		dominium dues <b>our residence,</b> such as ho	me equity loans	4d. \$ 5. \$		0.00 0.00
J.	Auditional	or igage payille	onto for yo	our residence, such as 110	mo oquity idalis	υ. φ		0.00

	Villiam J. Huet .isa J. Huet	Case numl	per (if known)	19-50025
_			, ,	
Utilities		0-	Ф	400.00
	Electricity, heat, natural gas	6a.	·	400.00
	Vater, sewer, garbage collection	6b.	·	150.00
	elephone, cell phone, Internet, satellite, and cable services	6c.	·	200.00
	Other. Specify:	6d. 7.		0.00
	nd housekeeping supplies are and children's education costs		\$	1,400.00
		8. 9.	\$	200.00
	g, laundry, and dry cleaning	9. 10.	\$	200.00
	al care products and services I and dental expenses			150.00
	ortation. Include gas, maintenance, bus or train fare.	11.	Ф	650.00
	ortation. Include gas, maintenance, bus or train lare. include car payments.	12.	\$	600.00
	inment, clubs, recreation, newspapers, magazines, and books	13.		100.00
	ble contributions and religious donations	14.		0.00
. Insurar	<u> </u>			0.00
	include insurance deducted from your pay or included in lines 4 or 20.			
	ife insurance	15a.	\$	0.00
15b. H	lealth insurance	15b.		0.00
15c. V	ehicle insurance	15c.	\$	163.51
15d. C	Other insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.		-	
Specify		16.	\$	0.00
	nent or lease payments:			
17a. C	Car payments for Vehicle 1	17a.	\$	281.00
	Car payments for Vehicle 2	17b.	\$	0.00
17c. C	Other. Specify: 401k loan	17c.	\$	722.58
17d. C	Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not report a		Φ.	0.00
	ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. 18.		
	payments you make to support others who do not live with you.	40	\$	0.00
Specify		19.		
	eal property expenses not included in lines 4 or 5 of this form or on Sch fortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20b. 20c.		
	Agintenance, repair, and upkeep expenses	20d.	·	0.00
	Iomeowner's association or condominium dues	20d. 20e.	•	0.00
		20 <del>0</del> . 21.		0.00
Other:	Specify: Pets		+Ф	50.00
Calcula	ite your monthly expenses			
22a. Ad	d lines 4 through 21.		\$	6,149.09
22b. Co	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	•
	d line 22a and 22b. The result is your monthly expenses.		\$	6,149.09
	ite your monthly net income.	,		
23a. C	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,284.45
23b. C	Copy your monthly expenses from line 22c above.	23b.	-\$	6,149.09
				· .
	subtract your monthly expenses from your monthly income.	00.	¢	135.36
T	he result is your monthly net income.	23c.	\$	135.30
For exan	expect an increase or decrease in your expenses within the year after y nple, do you expect to finish paying for your car loan within the year or do you expect you ton to the terms of your mortgage?			ase or decrease because of a
No.				
☐ Yes.	Explain here:			